

**Speech Language Pathology  
NEW LICENSE APPLICATION**

**CHECKLIST- By ENDORSEMENT**

**IMPORTANT:**

To expedite the processing of your NEW LICENSE APPLICATION be sure to follow the instructions carefully before submitting your ONLINE application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (If applicable)</b>		
Applicant must provide a copy of a legal name change document for <u>EACH</u> time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Official Sealed Transcript (s)</b>		
Graduated with a Master's degree or a Doctoral degree (Ph.D. or Au.D.) in speech language pathology from a recognized educational institution whose audiology program is accredited by the Council on Academic Accreditation. The Official Transcript must be sent <u>directly from the school</u> . It can be sent by <b>mail</b> (899 North Capitol St, NE, 1 <sup>st</sup> FL) but preferably <b>via email</b> ( <a href="mailto:dcboaud@dc.gov">dcboaud@dc.gov</a> ).	<b>ONLINE</b>	<input type="checkbox"/>
<b>Foreign Educated Only:</b> Transcripts from a foreign school in a foreign language must have		

CHECKLIST ITEMS (Cont.)	SUBMISSION METHODS	Check Mark
<b>8. Licensure Verification(s)</b>		
<p>Official Verifications should be provided from the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have <b>EVER</b> held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered “<b>primary source verified</b>” by the jurisdiction in question.</p>	<p><b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from Licensing Boards)</i></p>	<input type="checkbox"/>
<b>9. ASHA Verification</b>		
<p>Official ASHA verification from <a href="https://asha.org/certification/cert-verify/">https://asha.org/certification/cert-verify/</a> . Fill out form and email verification letter to <a href="mailto:dcboaud@dc.gov">dcboaud@dc.gov</a></p>	<p><b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from Licensing Boards)</i></p>	<input type="checkbox"/>
<b>10. Criminal Background Check (CBC)</b>		
<p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering “<b>YES</b>” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant.</p> <p>For information, please visit the website: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a>. <i>{\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</i></p>	<p><b>ONLINE</b> <b>(PAYMENT)</b></p>	<input type="checkbox"/>
<b>11. Screening Question Responses</b>		
<p>Applicants must answer all questions, including <b>Clean Hands</b>. If answered “<b>Yes</b>”, the applicant must also submit any and <u>all relevant documents</u> related to the reason for the “<b>Yes</b>” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	<p><b>ONLINE</b></p>	<input type="checkbox"/>
<b>12. National Practitioner Databank (NPDB) Self Query Report</b>		
<p>The Self-Query Report must be requested from the <b>NDPB</b> (<a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a>) no more than <b>thirty (30) days</b> prior to submission of the application.</p>	<p><b>ONLINE</b></p>	<input type="checkbox"/>
<b>18. Payment (Fee)</b>		
<p><b>\$264.00 (USD)</b> for Application and License Fee.</p>	<p><b>ONLINE</b></p>	<input type="checkbox"/>